

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 FEB 27 AM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K05986

(0)

1. Corporation Name

AMERICAN RETIREMENT CENTERS, INC.

Principal Place of Business

Mailing Address

C/O ZUBAIR S. MANSORI  
815 ORIENTA AVE. STE 2 GENESIS BLDG  
ALTAMONTE SPRINGS FL 32701

C/O ZUBAIR S. MANSORI  
815 ORIENTA AVE. STE 2 GENESIS BLDG  
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1987

3a. Date of Last Report

02/28/1994

4. FEI Number

59-2866017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANSORI, ZUBAIR  
815 ORIENTA AVE. STE 2 GENESIS BLDG.  
ALTAMONTE SPRINGS FL 32701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

PO

2. NAME

BATES, TIMOTHY O.

3. STREET ADDRESS

7726 WHITE ASH ST.

4. CITY - ST - ZIP

ORLANDO FL

1. TITLE

D

2. NAME

BEAS, THOMAS R.

3. STREET ADDRESS

815 ORIENTA AVE. STE 2

4. CITY - ST - ZIP

ALTAMONTE SPRINGS FL

1. TITLE

STD

2. NAME

BATES, KAREN

3. STREET ADDRESS

7726 WHITE ASH ST.

4. CITY - ST - ZIP

ORLANDO FL

1. TITLE

D

2. NAME

MANSORI, ZUBAIR S.

3. STREET ADDRESS

815 ORIENTA AVE. STE 2

4. CITY - ST - ZIP

ALTAMONTE SPRINGS FL

1. TITLE

D

2. NAME

DAS, DINES C.

3. STREET ADDRESS

102 DAS CT.

4. CITY - ST - ZIP

KISSIMMEE FL

1. TITLE

D

2. NAME

DAS, RENU.

3. STREET ADDRESS

102 DAS CT.

4. CITY - ST - ZIP

KISSIMMEE FL

1. TITLE

D

2. NAME

DAS, RENU.

3. STREET ADDRESS

102 DAS CT.

4. CITY - ST - ZIP

KISSIMMEE FL

1. TITLE

D

2. NAME

DAS, RENU.

3. STREET ADDRESS

102 DAS CT.

4. CITY - ST - ZIP

KISSIMMEE FL

1. TITLE

D

2. NAME

DAS, RENU.

3. STREET ADDRESS

102 DAS CT.

4. CITY - ST - ZIP

KISSIMMEE FL

1. TITLE

D

2. NAME

DAS, RENU.

3. STREET ADDRESS

102 DAS CT.

4. CITY - ST - ZIP

KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95

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